PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/811,585			ling Date 29/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								CMALL	ENTITY [OR		HER THAN	
FOR			NUMBER FILED		NUMBER EXTRA		т	RATE (\$)	FEE (\$)	T	RATE (\$)	FEE (\$)	
	BASIC FEE		N/A		N/A		i	N/A	122(0)	1	N/A	TEE (0)	
(37 CFR 1.16(a), (b), or (c)) SEARCH FEF			N/A		N/A		1			1	N/A		
(37 CFR 1.16(k), (i), or (m)) EXAMINATION FEE			N/A				ł	N/A	 	ł			
TO	(37 CFR 1.16(a), (p),				N/A		ł	N/A	<u> </u>	١	N/A		
(37	CFR 1.16(i)) EPENDENT CLAIM		minus 20 = *					x \$ =		OR	x s =		
(37 CFR 1.16(h))			minus 3 = *				ı	x \$ =		J	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sh	If the specification and drawing sheets of paper, the application is \$250 (\$125 for small entity) f additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 C			n size fee due for each thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							1			ı			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL		
	APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY				ER THAN ALL ENTITY	
AMENDMENT	05/12/2008	CLAIMS REMAINING AFTER AMENDMEN	т	HIGHEST NUMBER PREVIOUS PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.160))	· 16	Minus	 20		= 0	1	x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 2	Minus	3		= 0	1	x \$ =		OR	X \$210=	0	
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						1			OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column	2)	(Column 3)							
		CLAIMS REMAINING AFTER AMENDMEN		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ä	Total (37 CFR 1,16())		Minus			=	1	x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***		=]	x \$ =		OR	x s =		
핍	Application Size Fee (37 CFR 1.16(s))]]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						l			OR			
										OR	TOTAL ADD'L FEE		
** 1	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is operand by 38 US 6.12 and 37 CFR 1.4. It has location in estimated to the 12 minutes to complete, encuding pathenapy, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, VA 22313-1450.